

Emergency Card / Medical Update

Colebrook

Pittsburg

Stewartstown

Student's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address: [if different from above] \_\_\_\_\_

IN THE EVENT ILLNESS/EMERGENCY, WHO SHOULD BE CONTACTED FIRST:  Parent #1  Parent #2

Parent #1 Name: \_\_\_\_\_ Location/phone during school hours: \_\_\_\_\_

- Biological  Step  Foster  Friend  Guardian

Address: [if different from above] \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Location/phone during school hours: \_\_\_\_\_

- Biological  Step  Foster  Friend  Guardian

Address: [if different from above] \_\_\_\_\_

Parents' email address: \_\_\_\_\_

Who has legal custody of this child  Both parents  Parent #1  Parent #2  Other \_\_\_\_\_

Who has physical custody of this child  Both parents  Parent #1  Parent #2  Other \_\_\_\_\_

Are there court orders the school needs to be aware of  Yes  No

Parent/Guardian Military Status: Select all that apply

- Active duty in Armed Forces (not including National Guard) including Army, Navy, Air Force, Marine Corps, and Coast Guard.
- Full time National Guard

List TWO people who you authorize to take your child from school premises. The school will not release students to anyone, under any circumstance, other than those listed below without written permission.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

According to State and local school policy a parent is required to notify the school any day his/her child will be tardy or absent from school. If a child is absent and the school has not been notified in advance, parents will be contacted at work

Please also complete reverse side of form

**Health Information – Parents please complete for school nurse use only**

Child's Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_ Last Visit: \_\_\_\_\_

1. Has your child received any immunization outside of the school setting in the last year?     Yes     No

**If yes, please provide proof of immunization record.**

2. Are there any health concerns/ limitations that might affect your child's activity and/or learning at school?

Yes     No    If yes, please describe:

Child's Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_ Last visit: \_\_\_\_\_

3. Has your child had any serious illness or injury within the last year?     Yes     No

If yes, please describe: \_\_\_\_\_

4. Is your child taking any medication regularly at home or at school? If yes, please list the medication(s) and when taken:

\_\_\_\_\_ Taken at School:  Yes     No

\_\_\_\_\_ Taken at School:  Yes     No

\_\_\_\_\_ Taken at School:  Yes     No

\_\_\_\_\_ Taken at School:  Yes     No

**If your child requires the administration of any prescription medication at school, the law set forth by the State of New Hampshire must be followed. If you have any questions regarding this, please contact the school nurse.**

5. Does your child have any allergies? [food, medications, etc.]     Yes     No    If yes, please list below:

\_\_\_\_\_

6. Does your child require treatment for the above allergies?     Yes     No    If yes, please describe:

\_\_\_\_\_

Have there been any stressful experiences or changes in your child's life that you feel would be important for us to know about?     Yes     No    If yes, please explain or request a meeting:

\_\_\_\_\_

**HEALTH INSURANCE INFORMATION  
(Health or School Accident Insurance is mandatory for participation in sports)**

Name of Insurance: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Dental Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

No Insurance    Would you like information about insurance?     Yes     No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**AUTHORIZATION**

I hereby grant permission to the school nurse and/or school administration to share pertinent information contained in this form related to my child's health and well-being with other school personnel or healthcare providers as necessary.

I understand that in a case of emergency the school will request EMS, that is 911, and arrange for ambulance transport to the nearest medical facility. I also understand that I will be responsible for any and all expenses incurred.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date